

Name in Full

Certificate of Death

Lousa Bird

Town

County

MARYLAND

Died at

Darlington

Harford

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

12 18

Age

78 3 16

Md

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

four

~~Husband~~

of

Wife

Father's

Name

John I. Jackson Bird

Mother's

Name

Margaret Jane Smith

Cause of

Primary

Old age

How long sick

One year

Death

Immediate

Heart Disease

Accident, Suicide, Homicide

Reported by

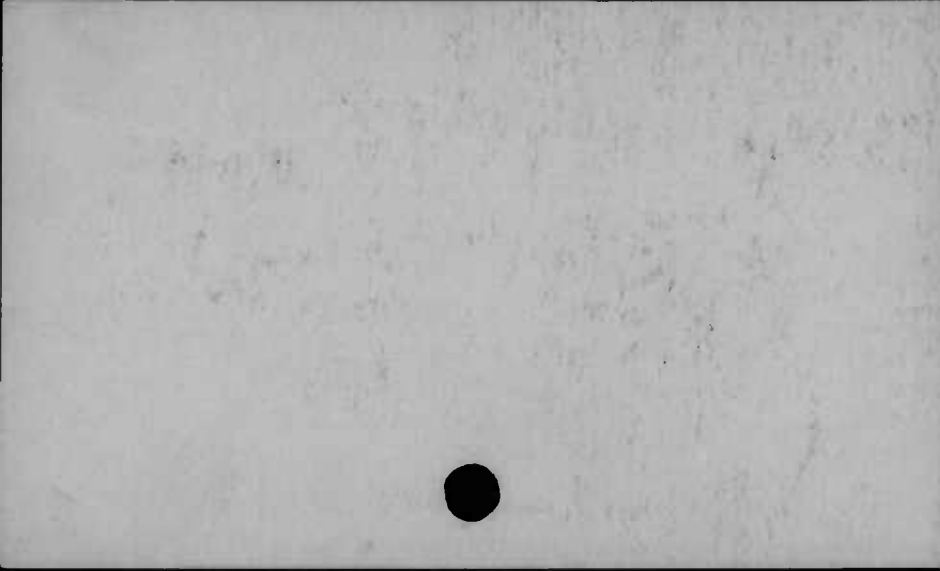
W. B. Smith

Address

Darlington Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Name in Full *Sam S Ballo*
 Town *Harrodsburg* County *Harrodsburg Co* MARYLAND

Died at *Harrodsburg* Month *Dec* Day *1st* Y. *6* M. *2* D. *Harrodsburg* Occupation *Farmer*
 Date 19 *22* Age *62*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *3*

Husband of *May E Ballo*
 Father's Name *John Ballo* Mother's Maiden Name *Susan Barrows*

Cause of Death { Primary *Paralysis* How long sick
 Immediate *" "* Accident, Suicide, Homicide *Wb*

Reported by *Accident*
 Address *Harrodsburg*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Luella Lee Bush

Town

Garrettsville

County

Barford

MARYLAND

Died at

Date 1902 Dec 30

Month Day

Y. M. D.

Native of

Occupation

Age 6 2 3

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Colworth Bush

Mother's

Name

G. A. Bush

Cause of

Primary

Burned

Death

Immediate

How long sick

5 hours

Accident, Suicide, Homicide

Reported by

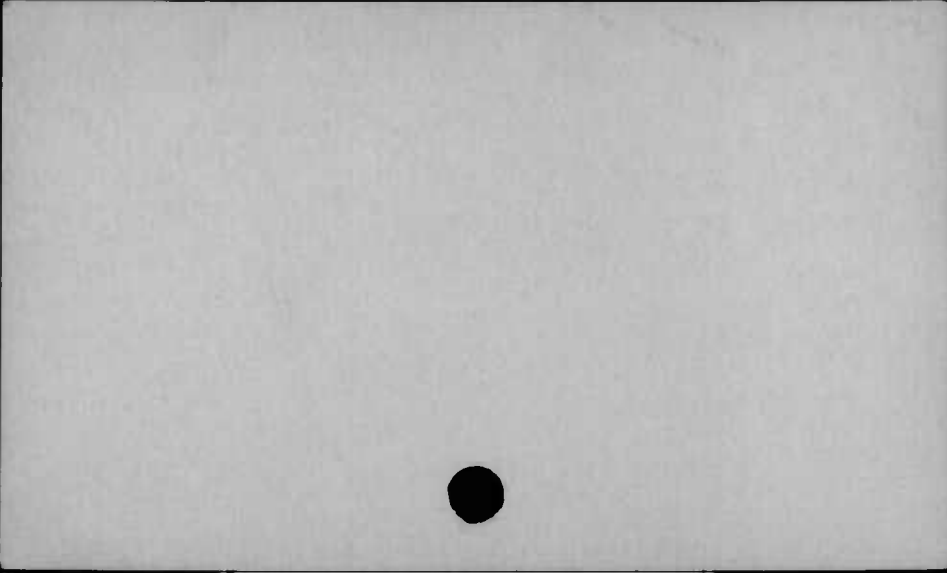
Martin L. Jarrett M.D.

Address

Garrettsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65998



Name
in
Full

Margaret Carroll

CERTIFICATE OF DEATH

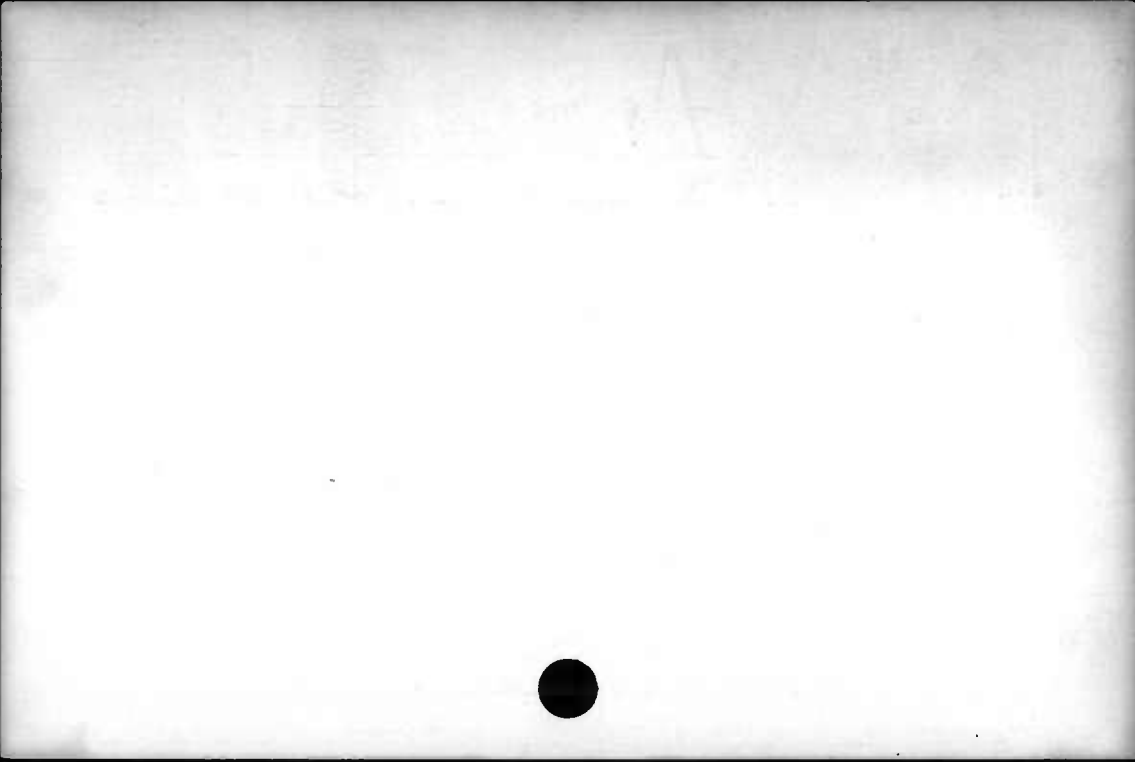
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bel Air</i>		County <i>Harford</i>		MARYLAND	
Date of death 190 <i>V</i>		Month <i>12</i>	Day <i>30</i>	Age <i>80</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>				
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>John Carroll</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Ellen Joyce</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Maggie Martin</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile Debility</i>	How long <i>6 mos.</i>
Immediate	<i>Mor. Pneumonia</i>	How long <i>3 weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. Hall P. ...</i>
		Address <i>Bel Air, Md.</i>
Accident or Suicide?		



Eliza Boone
 Died at *Glennville* Town *Harford* County *MARYLAND*

Date 19*62* Month *12* Day *8* Y. *46* M. *11* D. *1* Native of *Pa.* Occupation *Herschen*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's Name *Thomas M^{rs} Boone* Mother's Name *Mary Boone*

Cause of Death { Primary Immediate *Heart failure* 179 How long sick Accident, Suicide, Homicide

Reported by *Bailey & Baldwin L. D.*

Address *Level* *Pa.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James G. Gennell
 Town County

Died at *Heure de Grace* *Harford* MARYLAND

Date 1902 *12* *29* Month Day Y. M. D. Age *65* *1* *14* Native of *Ind* Occupation *Housewife*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *1*

Husband of *Benjamin Gennell*
 Wife of *Benjamin Gennell*
 Father's Name *John Richardson* Mother's Name *Jane Logan*

Cause of Death { Primary *Malacia of Arteries* How long sick *Six Months*
 Immediate *Heart Complaining* Accident, Suicide, Homicide

Reported by *Dr. R. W. Smith* *4*

Address *Heure de Grace* *Harford*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lucy M. Gilbert

Town

County

MARYLAND

Died at

Harris Grace

Charford

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1901

Dec.

3

Age

59

-

-

Maryland

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

One

Husband

of

Wife

John M. Gilbert

Father's

Name

W. S. C. Treadwell

Mother's

Maiden Name

Anna Stang

Cause of

Primary

Woo burned by

How long sick

2 days

Death

Immediate

Coal oil lamp

Accident, Suicide, Homicide

Reported by

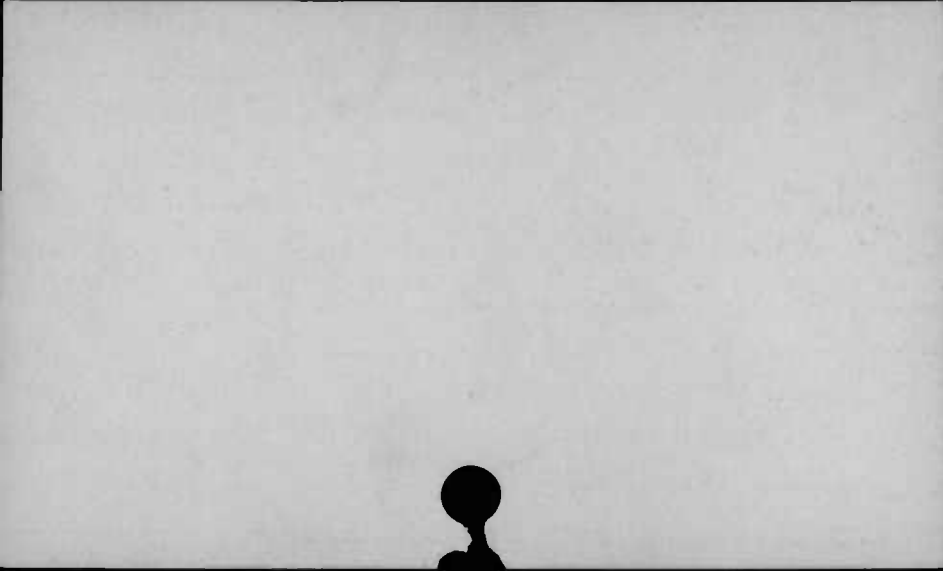
R. W. Smith

Address

Harris Grace

No

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Henry Greenway

Town

County

Died at Bodoland Harford Co

MARYLAND

Date 1902 12. 29 Age 80. 1. 16 Md Farmer
 Male White Married Widow ~~Divorced~~
 Female Colored Single Widower Number of children living 3

Husband of Kate Greenway
 Wife
 Father's Name Ewd. H. Greenway Mother's Name Mona Taylor
 Maiden Name

Cause of Death { Primary Pulmonary Tuberculosis 2 yrs How long sick
 Immediate Heart Complication Accident, Suicide, Homicide

Reported by Dr. R. H. Smith 27
 Address Kearsy de House Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Priscilla Hall

CERTIFICATE OF DEATH

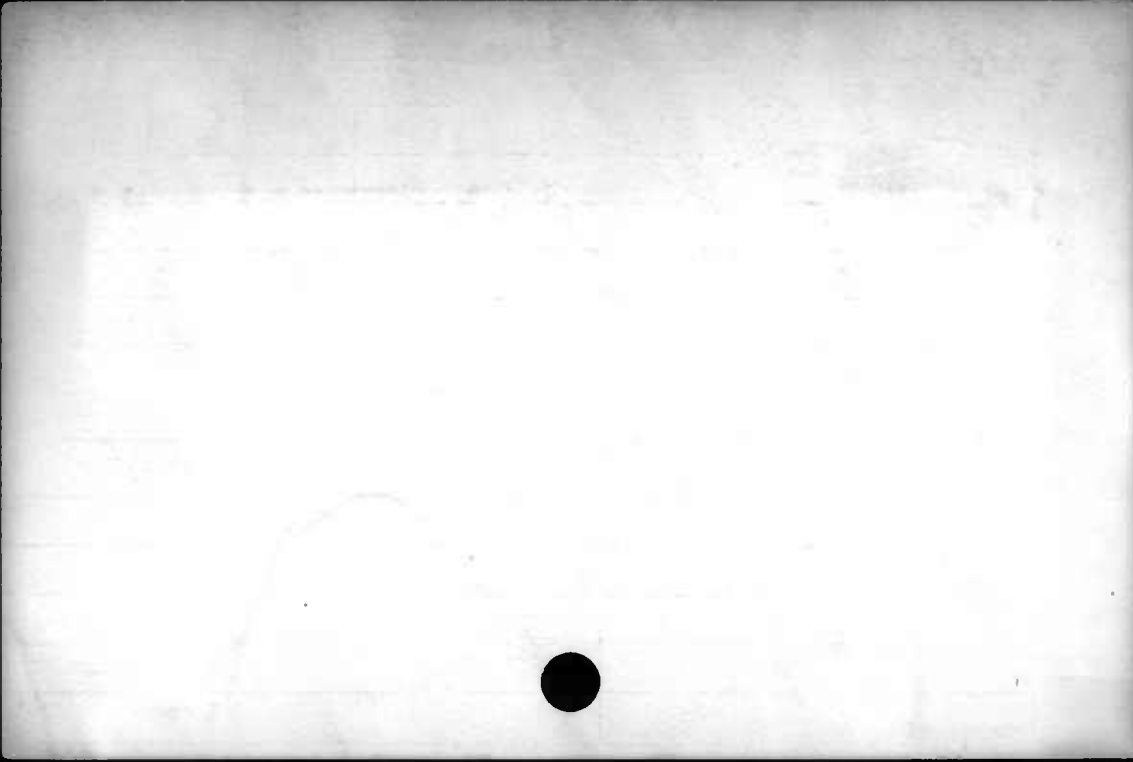
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forest Hill</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death 190 2	Month <i>Dec</i>	Day <i>3^d</i>	Age <i>25</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Harford Co.</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Cook</i>		
Name of Wife or Husband <i>Charles Hall</i>					
Father's Name <i>Jacob Bradford</i>			Father's Birthplace <i>Harford</i>		
Mother's Maiden Name <i>Mary Jane Priscilla Barnes</i>			Mother's Birthplace <i>Philadelphia</i>		
Name of person giving information <i>Jacob Bradford</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>About a year</i>
Immediate <i>General Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William J. Archer</i>
	Address <i>Bel Air Md</i>
<i>Accident or Suicide?</i>	



Winfield Heabs

Died at

MARYLAND

Date 1902

Male

Husband
of

Wife

Father's
Name

Cause of

Death

Reported by

Address

To be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Dec. 19

Age 20

Maryland

Laborer

White

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

Gro. H. Heabs. Mother's
Maiden Name

Primary

Immediate

How long sick

1 year

Accident, Suicide, Homicide

R. Warren Ramsay

Delta York Co. Penna.



Name In Full

Certificate of Death

Hess Mr Johnson

Town

County

Died at

Harris de Grace

Harpard

MARYLAND

Date 1902

Month Day

Dec 7

Y. M. D.

Age 38

Native of

Virginia

Occupation

wife

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

Wife

Father's

Name

Hess Johnson
Doe Robinson

Mother's

Maiden Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

O. C. Crothers

27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75303



Certificate of Death

Belinda J. Leath

Died at Harbor of Grace, Honduras Co

MARYLAND

Date 19 <u>02</u>	Month <u>Dec</u> Day <u>30</u>	Age <u>51</u>	Y. <u>-</u> M. <u>-</u> D. <u>-</u>	Native of <u>Harford</u>	Occupation <u>Wife</u>
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living <u>1</u>	

Husband of Sam. W. Kealey
 Wife Sam. W. Kealey
 Father's Sam. W. Kealey Mother's Sam. W. Kealey
 Name Sam. W. Kealey Maiden Name Sam. W. Kealey

Cause of	Primary	Bright's Disease	How long sick
Death	Immediate	2 weeks	Accident, Suicide, Homicide

Reported by D. J. Smith

Address / Kauri Aimee

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary A Kelly

Town

County

Died at Lafayette Harford

MARYLAND

Date 19 02 Dec 2 Age 62 11 12 Native of Harford Co Occupation Housekeeper

~~Male~~

White

Married

Widow

~~Overseer~~

Female

~~Colored~~

Single

~~Widower~~Number of children living none~~Husband~~ ofWife Mrs Kelly

Father's Name Daniel Tolinger Mother's Name

Cause of Primary Pulmonary Consumption

How long sick

years.Death Immediate

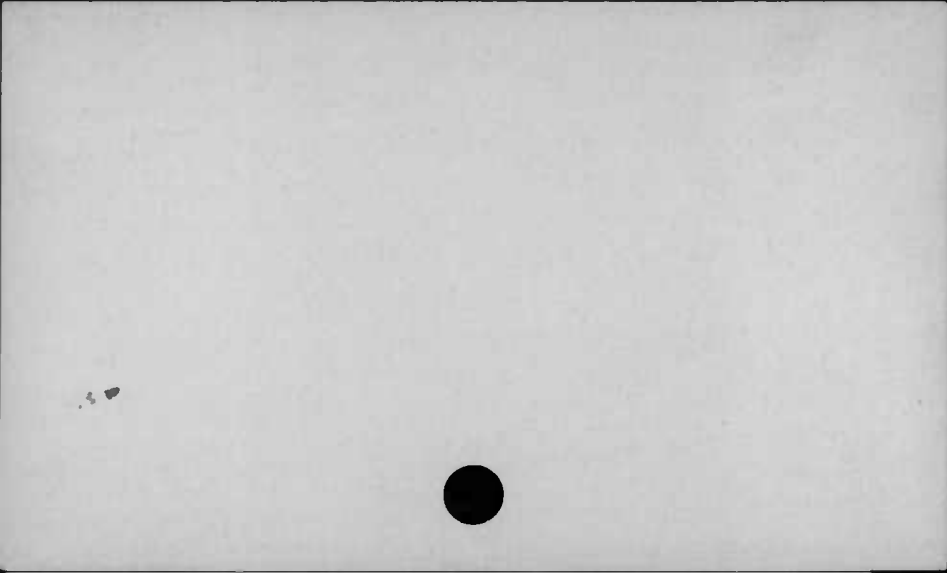
Accident, Suicide, Homicide

Reported by

Address

A E Crothers 27
St Anne de Grace rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sarah, Ann, Lewis

Died at ~~Mean~~ Fallston

Town

County

Harford

MARYLAND

Date 1902 12, 15-

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

12, 15-

Age

77, 10

Maryland

House Wife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Five

~~Husband~~ of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

David Lewis

Mother's

Maiden Name

How long sick

3 mos.

Accident, Suicide, Homicide

General Debility

ossification arterial

J. F. H. Gorman M.D.

Fork Md.



Name
in
Full

Gladys Paca

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> ^{Town}		<i>7</i> ^{County}		MARYLAND	
Date of death 1902	Month <i>Dec</i>	Day <i>17</i>	Age <i>1</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Harford</i>		
Married, Single or Widowed <i>S.</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Gladys Paca</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Mrs Lehas Johnson (Ed)</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Syncope</i>	How long <i>92</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. S. Paige</i>
	Address <i>Bel Air</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Samuel W Palmer

Town

County

MARYLAND

Died at Cole

Harford

Date	1962	Month	12	Day	21	Age	37	Y.	M.	D.	Native of	Ma	Occupation	Farm
Male	Female	White	Colored	Married	Single	Widow	Widower	Divorced	Number of children living 3					

Husband of Louise Palmer
 Wife of Mahlon Palmer
 Father's Name Mahlon Palmer
 Mother's Maiden Name Elizabeth Palmer

Cause of	Primary	Central Nervous System	How long sick
Death	Immediate	Compensation / Brain	Accident, Suicide, Homicide

Reported by

J. H. Kennedy

Address

Abundant Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Edna Union

Died at ^{Town} Mar Cole P.O.^{County} Harford

MARYLAND

Date 1902	Month 12	Day 30	Age	Y. 6	M. D.	Native of Md	Occupation Nil
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living		✓	

Husband of ✓

Wife

Father's Name Not Given

 167
 Mother's Maiden Name Francis Ramsey

Cause of Death	Primary	Fatally burned in	How long sick
	Immediate	drunken	Accident, Suicide , Homicide

Reported by

Address

 J. Kennedy
 Harford Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Charles R Preston

Town

County

Died at Jarrettsville Harford

MARYLAND

Date 1902 Dec 25th Age 45 - Y. M. D. Native of Md Occupation Butcher

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 6

Husband of Priscilla A. Aldt

Wife

Father's Name James Preston Mother's Maiden Name Hannah Mooburny

Cause of Death Primary Diabetes Immediate Heart Failure

How long sick 11 Days

50

Accident, Suicide, Homicide

Reported by Martin L Jarrett

Address Jarrettsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

James Bond Preston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Belair</i> Town			<i>Harford</i> County			MARYLAND	
Date of death 190 2	Month <i>Dec.</i>	Day <i>50</i>	Age <i>75</i> Years	6 Months	Days		
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Harford Co.</i>			
Married, Single or Widowed <i>Widower</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband							
Father's Name <i>James Bond Preston</i>				Father's Birthplace <i>Harford Co.</i>			
Mother's Maiden Name <i>Elyia Johnson</i>				Mother's Birthplace <i>Anne Arundel Co.</i>			
Name of parson giving information <i>Walter H. Preston</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>Two years</i>
Immediate <i>Stroke Paralysis</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William P. Archer</i>
	Address <i>Bel Air Md</i>
Accident or Suicide?	



Name in Full *Margaret Riley*
 Died at *Upper X Rds.* *Harford* *MARYLAND*
 Town County
 Date 19 *02* *Dec* *29* Age *81* *4* *Maryland* *None*
 Month Day Y. M. D. Native of Occupation
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *One*

~~Husband~~ of *James Riley*
 Wife
 Father's Name *John Wiggins* Mother's Maiden Name *Mary Whitson*
 Cause of Death { *Primary* *Immediate* *Paralysis* *66*
 How long sick *One month*
~~Accident, Suicide, Homicide~~

Reported by *Geo. W. Davis M.D.*
 Address *Pleasantville Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

J. D. Rogers

Town

County

Died at *Hudson**Harford*

MARYLAND

1942

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Dec. 25

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Wife *Louanna Rogers*

Father's

Mother's

Name

Wm. Wiles

Name

Rhonda Wiles

Cause of

Primary

How long sick

3 hours

Death

Immediate

Paralysis 66

Accident, Suicide, Homicide

Reported by

J. H. Roberts M.D.

Address

*Chum Miller**Mayland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____

Name
in
Full

CERTIFICATE OF DEATH

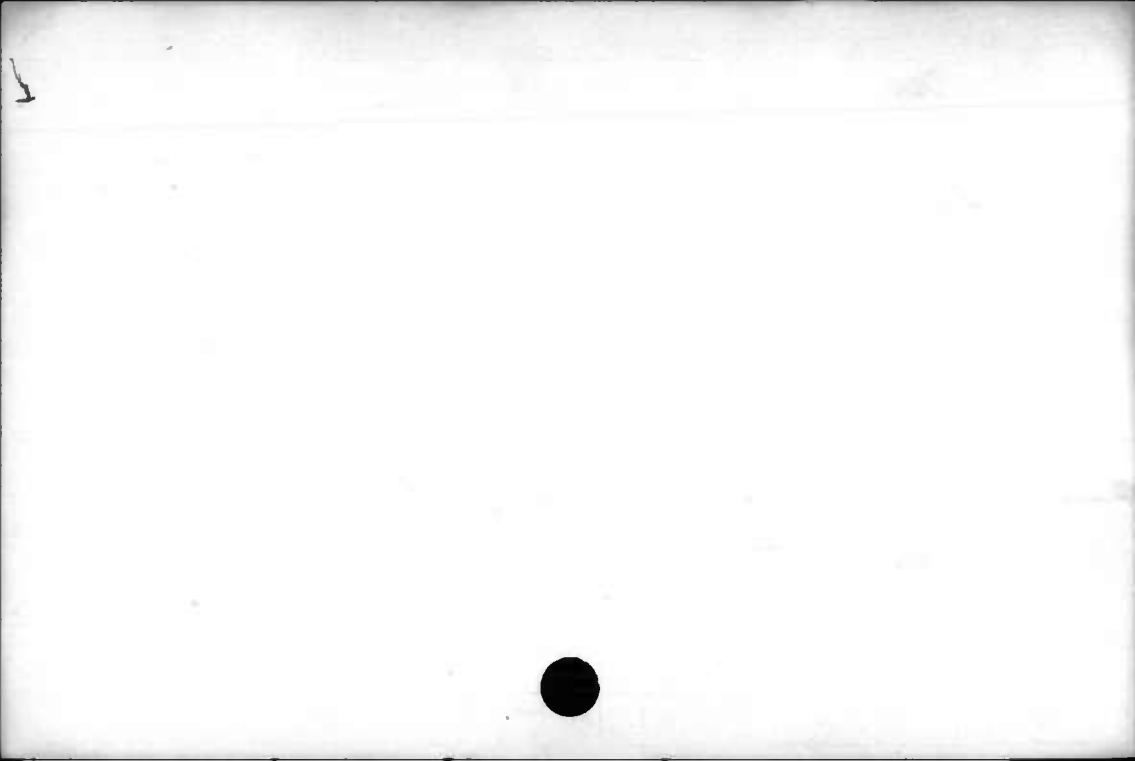
TO BE ANSWERED BY
NEAREST FRIEND

William Asbury Ruff
 Died at ^{Town} Bel Air ^{County} Harford MARYLAND
 Date of death 190ⁿ ^{Month} Dec ^{Day} 27 Age ^{Years} One ^{Months} 5 ^{Days}
 Sex Male Color or Race Black Birth-place Bel Air
 Married, Single or Widowed Single Occupation
 Name of Wife or Husband
 Father's Name Wm Ruff Father's Birthplace Maryland
 Mother's Maiden Name Lemmy Ruff Mother's Birthplace Maryland
 Name of person giving information Mr Ruff How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Don't Know How long Delivered
 Immediate Don't Know 179 How long
 Are the name, age, sex, color, date and place correctly given above? No Physician
 Signature of Physician
 Address H. Dean Son Undertaker
 Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Geo. B. Silvers

Died at *Lepidum* Town

County

Harford

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1902 Dec 12

Age 64

Sex

*Male*Color or
Race*white*Birth-
place*Harford Co*Married, Single
or Widowed*Married*

Occupation

*Farmer*Name of Wife or
Husband*Catharine*Father's
Name*Wm Silvers*Father's
Birthplace*Harford*Mother's
Maiden Name*—*Mother's
Birthplace*"*Name of person giving
information*Family*How related
to deceased*—*

CAUSES OF DEATH

Primary

Paralysis

How long

2 or 3 yrs

Immediate

Convulsions

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Al Brotherton*

Address

Harrode Grace

Accident or Suicide?

*No*PHYSICIAN
OR CORONER

E. Madison Mitchell
1201 N. Fayette St.

Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

12 18

Age

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primery

Deeth

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Melvin Snowden
 Town County

MARYLAND

Died at *Doublin* *Harford*
 1912. Month Day Y. M. D. Native of Occupation
 Date 189 *Oct 28* Age *1 11 2* *Harford*
 Male ~~Female~~ Married Widow Divorced
~~Female~~ Colored Single Widower Number of children living

Husband
 of
 Wife

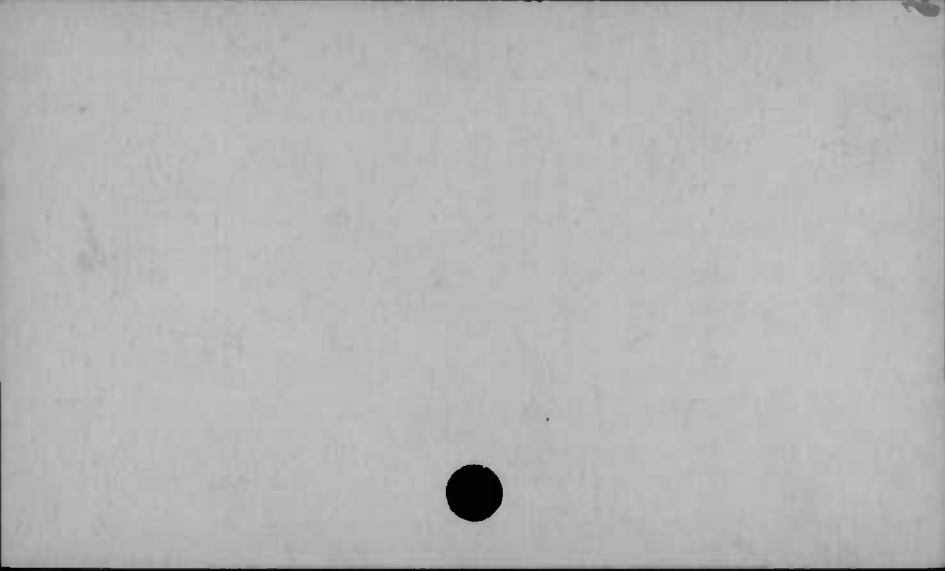
Father's Name *Thomas Snowden* Mother's Name *Lydia Snowden*

Cause of Death { Primary *Membranous Oroph. Throat*
 Immediate *Qu*
 How long sick
 Accident, Suicide, Homicide

Reported by *Dr. W. E. Arthur*

Address *Will Snowden*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elyse Stansbury

Town

County

Died at Mar Cole PO

Hartford

MARYLAND

Date 1902	Month 12	Day 30	Age 60	Y. M. D.	Native of Md	Occupation Servant
Male	White	Married	Widow	Divorced	Number of children living one	
Female	Colored	Single	Widower			

Husband of Isaac Stansbury

Wife

Father's Name not Given

Mother's Name not Given

Cause of Death { Primary Fatally burned in dwelling

Death { Immediate dwelling

How long sick

Accident, Suicide, Homicide

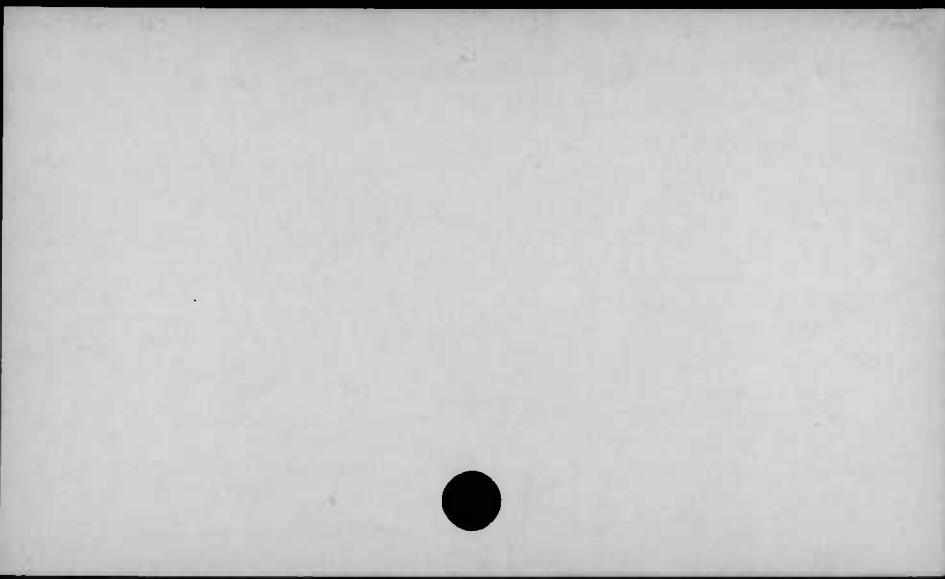
Reported by

J. H. Kennedy

Abner Ma

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs Anna Maria Streett

Town

County

Died at

Pylesville Harford

MARYLAND

Date

1902

Month

12

Day

8

Y.

M.

D.

Native of

Occupation

Age

63

1

11

Harford

Housewife

Male

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband

of

Wife

Father's

Name

Cause of

Primary

Disease of Mitral valves 2 years

How long sick

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Dr V. B. Hayward

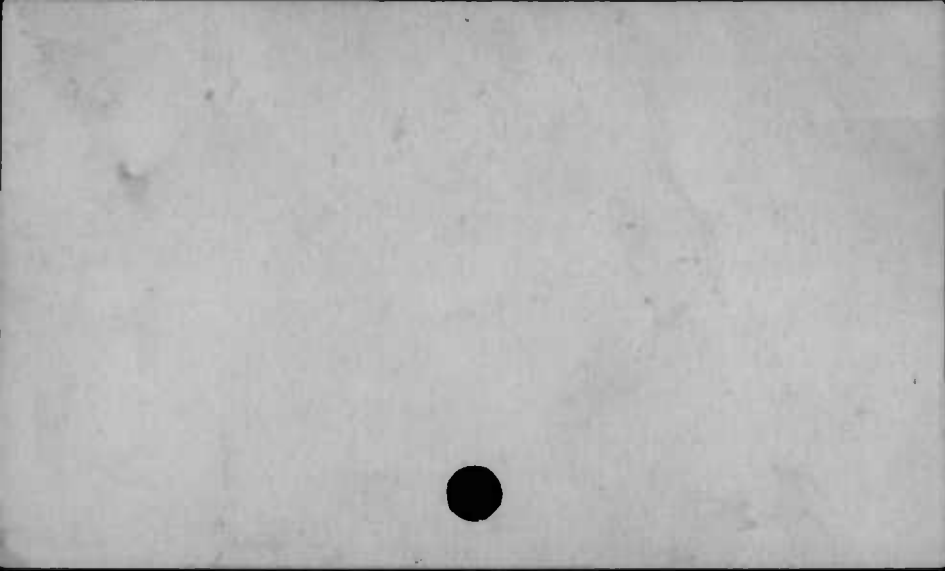
Address

Pylesville

Harford Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65085



Certificate of Death

MARYLAND

Male

White

Married

~~Widely~~

Divorced

Occupation

Wife

Mother's

Maiden Name

How long sick

Accident, Suicide, Homicide

Address 1111 Main St

LIBRARY BUREAU, 79893



Mary Ellen Watters

Town

County

Died at

Hickory

Stafford

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

Dec 7

Age 86

md.

Widow

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

One

Husband of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Old age

154

How long sick

2 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Miriam Louella Watters

Town

County

Died at

Scarff

Harford

MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1902 Dec. 10 Age 16 1 6 Md

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Wm. H. Watters

Annie A. Dancer

Cause of

Primary

Measles

How long sick

18 days

Death

Immediate

Cerebro-Spinal Meningitis

Accident, Suicide, Homicide

Reported by

Geo. W. Davis M.D.

Address

Pleasantville

Harford Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Edward Waywood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Level</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Dec</u>	Day <u>13th</u>	Age <u>71</u> ^{Years}	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth- place <u>Harford Md</u>		
Married, Single or Widowed <u>Married</u>		Occupation <u>Farmer</u>			
Name of Wife or Husband <u>Julia Ashe</u>					
Father's Name <u>Benedick</u>			Father's Birthplace <u>Harford Md</u>		
Mother's Maiden Name <u>Lorah</u>			Mother's Birthplace <u>" "</u>		
Name of person giving Information <u>Julia Waywood</u>			How related to deceased <u>wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis Pulmonary</u>	How long	<u>Months</u>
Immediate	<u>"</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Mr. Lappington</u>	
		Address <u>Darlington Md.</u>	
Accident or Suicide?			



Daniel Webster

Died at *Near Benson* Town *Harford* County *MARYLAND*

Date 19 *02* Month *12* Day *18* Age *4* Y. M. D. Native of *Amel* Occupation
 Male White Married ~~Widow~~ Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Jessie Webster

Cause of Death { Primary *Pneumonia* Immediate
 How long sick *17 weeks*
 Accident, Suicide, Homicide

Reported by

Chas E. Hoenlunger F. D.

Address

Benson Amel

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

